

**FFICER'S BATTERY REPORT**  
**CHICAGO POLICE DEPARTMENT**

RD NO.

**HW194208**

**INSTRUCTIONS:** This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

**"X APPLICABLE BOXES"**

<b>OFFICER INFORMATION</b>			<b>INCIDENT INFORMATION</b>		
<p>NAME (LAST - FIRST - M.I.) <b>LAWRYN, SHAWN A</b></p> <p>TAR NO. <b>6909</b> POSITION <b>POLICE OFFICER</b></p> <p>DATE OF APPOINTMENT <b>30-JUL-2007</b> EMPLOYEE NO. <b>[REDACTED]</b></p> <p>WT OF ASSIGNMENT <b>017</b> BEAT/CALL NO. <b>1763C</b></p> <p>EX <input type="checkbox"/> 1. M <input checked="" type="checkbox"/> 2. F RACE <b>WHITE</b> DOB <b>[REDACTED]</b></p> <p>EIGHT <b>508</b> WEIGHT <b>175</b></p>			<p><input type="checkbox"/> 1. INDOOR <input checked="" type="checkbox"/> 2. OUTDOOR</p> <p>ADDRESS OF OCCURRENCE <b>3317 W WILSON AVE</b></p> <p>CITY <input checked="" type="checkbox"/> CHICAGO STATE (If outside Chicago) _____</p> <p>LOCATION CODE _____ BEAT OF OCCURRENCE <b>1724</b></p> <p>STREET <b>304-STREET</b></p> <p>DATE OF OCCURRENCE <b>16-MAR-2013</b> TIME <b>02:57:00</b> DAY OF WEEK <b>SATURDAY</b></p> <p>NO. OF OFFICERS BATTERED <b>2</b></p> <p>WERE THERE ASSISTING UNITS ON SCENE? 1. <input type="checkbox"/> YES 2. <input checked="" type="checkbox"/> NO</p> <p>IF YES HOW MANY ASSISTING OFFICERS WERE PRESENT AT TIME BATTERY (EXCLUDING YOU OR YOUR PARTNERS)? <b>0</b></p>		
<b>TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED</b>					
<p><input type="checkbox"/> 1. ON DUTY</p> <p><input type="checkbox"/> A. UNIFORM, PATROL DUTY</p> <p><input type="checkbox"/> B. UNIFORM, OTHER DUTY</p> <p>Describe _____</p> <p><input checked="" type="checkbox"/> C. CITIZEN'S DRESS</p> <p><input type="checkbox"/> D. TACTICAL</p> <p><input type="checkbox"/> E. B.I.S. UNIT</p> <p><input type="checkbox"/> F. SPECIAL EMPLOYMENT</p> <p><input type="checkbox"/> G. OTHER _____</p>		<p>WORKING:</p> <p><input type="checkbox"/> A. ALONE</p> <p><input checked="" type="checkbox"/> B. WITH ONE PARTNER</p> <p><input type="checkbox"/> C. WITH MULTIPLE PARTNERS</p> <p>How many? _____</p> <p>PATROL TYPE:</p> <p><input type="checkbox"/> A. SQUAD CAR</p> <p><input type="checkbox"/> B. FOOT</p> <p><input type="checkbox"/> C. BICYCLE</p> <p><input type="checkbox"/> D. APV/MOTORCYCLE</p> <p><input type="checkbox"/> E. SQUADROL</p> <p><input checked="" type="checkbox"/> F. OTHER <u>UNMARKED</u></p>		<p><b>MANNER OF ATTACK</b></p> <p><input type="checkbox"/> 01. SHOT</p> <p><input checked="" type="checkbox"/> 02. SHOT AT</p> <p><input type="checkbox"/> 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT)</p> <p><input type="checkbox"/> 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT)</p> <p><input type="checkbox"/> 05. OTHER (INCLUDING VERBAL THREATS)</p> <p><b>TYPE OF WEAPON/THREAT</b></p> <p>(Check all that apply):</p> <p><input type="checkbox"/> A. FIREARM CALIBER</p> <p><input type="checkbox"/> B. VEHICLE</p> <p><input type="checkbox"/> 1. REVOLVER</p> <p><input type="checkbox"/> 2. SEMI-AUTOMATIC</p> <p><input type="checkbox"/> 3. RIFLE</p> <p><input type="checkbox"/> 4. SHOTGUN</p> <p><input type="checkbox"/> C. KNIFE/OTHER CUTTING INSTRUMENT</p> <p><input type="checkbox"/> D. HAND/FISTS</p> <p><input type="checkbox"/> E. FEET</p> <p><input type="checkbox"/> F. MOUTH (SPIT, BITE, ETC.)</p> <p><input type="checkbox"/> G. VERBAL THREAT (ASSAULT)</p> <p><input checked="" type="checkbox"/> H. OTHER (SPECIFY) <u>/FIREARM/UNKNOWN HANDGUN</u></p> <p><b>FIREARM USE INFORMATION</b></p> <p>(Check all that apply):</p> <p><input checked="" type="checkbox"/> A. OFFICER AT GUNPOINT</p> <p><input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED</p> <p><input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON</p> <p><b>OFFENDER INFORMATION</b></p> <p>SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F RACE <b>WHITE HISPANIC</b> DOB <b>[REDACTED]</b></p> <p>CB NO. _____ IR NO. _____</p>	
<p><input checked="" type="checkbox"/> K. OTHER</p> <p><b>TYPE OF INJURY TO OFFICER</b></p> <p><input type="checkbox"/> A. FATAL</p> <p><input type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/Internal Injuries)</p> <p><input checked="" type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions)</p> <p><input type="checkbox"/> D. NONE APPARENT/NONE</p> <p><b>LIGHTING CONDITIONS AT INCIDENT</b></p> <p><input type="checkbox"/> A. DAYLIGHT <input type="checkbox"/> D. DUSK</p> <p><input type="checkbox"/> B. NIGHT <input checked="" type="checkbox"/> E. ARTIFICIAL LIGHT</p> <p><input type="checkbox"/> C. DAWN <input type="checkbox"/> 1. POOR</p> <p><input type="checkbox"/> 2. GOOD</p> <p><b>WEATHER CONDITIONS</b></p> <p><input checked="" type="checkbox"/> A. CLEAR <input type="checkbox"/> D. FOG / SMOKE / HAZE <input type="checkbox"/> G. OTHER</p> <p><input type="checkbox"/> B. RAIN <input type="checkbox"/> E. SLEET / HAIL</p> <p><input type="checkbox"/> C. SNOW <input type="checkbox"/> F. SEVERE CROSS WIND</p> <p>APPROXIMATE OUTDOOR TEMPERATURE: <b>35 °</b></p> <p>LOG # <b>1060762/4#13</b></p>					

Offender pointed an apparent handgun at R/O and his partner.

REPORTING MEMBER - SIGNATURE  
LAWRYN, SHAWN A

STAR NO.  
6909

WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE STAR NO.  
VELEZ, CARLOS E 211